| PTO/SB/01 | MODIFIED | BY AT&T | CORP |
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| □ Declaration □ Declaration   | Application Number   |   |                                       |  |
|---|--|---|---------------------------------------|--|
| Submitted OR submitted after with Initial Initial Filing  | Filing Date  |   |                                       |  |
| Filing  | Group Art Unit   |   |                                       |  |
|   | Examiner Name  |   |                                       |  |
|   |  |   |                                       |  |
| As a below named inventor, I hereby declare that:   |  |   |                                       |  |
| My residence, post office address, and citizenship and believe I am the original, first and sole inventor(if only subject matter which is claimed and for which a patent  | one name is listed below) or an ori  |   | lural names are listed below) of the  |  |
| Interactive Television  | Interactive Television Network And Method Including Content Searching 1"1" |   |                                       |  |
| 24  |  |   |                                       |  |
| <u> </u>  | (Title of Invention)   | ,   |                                       |  |
| -the specification of which   |  |   |                                       |  |
| is attached hereto  |  |   |                                       |  |
| OR  |  |   |                                       |  |
| was filed on as United States Application   | on Number or PCT International   |   |                                       |  |
| Application Number and was amended  | d on (if applicable).  |   |                                       |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment  |  |   |                                       |  |
| specifically referred to above.   |  |   |                                       |  |
| lacknowledge the duty to disclose information which is  | material to patentability as defined                                       | n Title 37 Code of Federal Beg                                    | ulations & 1.56                       |  |
| l acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.  I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filiping date before that of an application on which priority is claimed. |  |   |                                       |  |
| Prior Foreign Application Number(s)   | Country  | Foreign Filing<br>Date  | Priority Certified Copy Not Attached? |  |
| Number(s)   |  | (MM/DD/YYYY)  | Not Attached? Claimed YES NO          |  |
| g as a  |  |   |                                       |  |
|   |  |   |                                       |  |
|   |  |   |                                       |  |
|   |  | - DTO/OD/OD # 1 1 1   |                                       |  |
| Additional foreign application numbers are listed   |  |   |                                       |  |
| I hereby claim the benefit under 35 U.S.C. 119(e) of a  | · · · · · · · · · · · · · · · · · · ·                                      | ion(s) below.   |                                       |  |
| Application Number(s) Fi  | ling Date( MM/DD/YYYY)   | Additional municipal and and income                               |                                       |  |
|   |  | Additional provisional applicat<br>supplemental priority data she | eet PTO/SB/02B attached hereto        |  |
|   |  |   |                                       |  |
| SEND TO: Assistant Commissioner for Patents, Box Pat  | ent Application, Washington, D.C. 20                                       | )231  |                                       |  |

**Attorney Docket Number** 

**First Named Inventor** 

2000-0617

James R. Durkee

**COMPLETE IF KNOWN** 

DECLARATION FOR

**UTILITY OR DESIGN** 

PATENT APPLICATION

Attorney Docket Number: 2000-0617

## **DECLARATION - Utility or Design Patent Application**

| I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. |   |                       |                                    |                        |            |
|---|---|-----------------------|------------------------------------|------------------------|------------|
| U.S. Parent   | Application or PCT Parent   | Parent Fili           | •                                  | Parent Pater           |            |
|   | Number  | (MM/DD/               | YYYY)                              | (if applie             | cable)     |
|   |   |                       |                                    |                        |            |
| Additional U.S.   | s. or PCT International application numbers are lis   | sted on a supplemen   | ntal priority data sheet PTO/SI    | 3/02B attached hereto. |            |
|   | or, I hereby appoint the following registered amendments therein, to receive the pate   |                       |                                    |                        |            |
| Customer Nu   | umber   |                       | stomer Number Bar<br>de Label here |                        |            |
| OR  |   |                       |                                    |                        | 1          |
| Registered p  | ractitioner(s) name/registration number listed bel  | ow                    |                                    |                        |            |
| 100 A   |   |                       |                                    | Registration Number    |            |
| CANAVAN, Rol  | MAVAN, Robert T. 37592 CONOVER, Michele L. 34962  |                       |                                    |                        |            |
| DELACRUZ, C   | edric G   | 36498                 | DWORETSKY, Samuel H.               |                        | 27873      |
| GARG, Rohin   | i K   | 45272                 | GORRIE, Gregor                     |                        | 36530      |
| ISAACSON, T   |   | 44166                 | LEE, Benjamin                      |                        | 42787      |
|   | EVY, Robert B. 28234 MCGAHAN, Susan E. 35948  I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T (PTO), attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to |                       |                                    |                        |            |
| Corp.) attache  |   | ation, to prosecute t |                                    |                        |            |
| Direct all Corre  | spondence to:   |                       |                                    |                        |            |
| ☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☑ Correspondence address below   |   |                       |                                    |                        |            |
| 147 1112  | Samuel H. Dworetsky   |                       |                                    |                        |            |
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| COUNTRY United States of America FAX 732-368-6932   |   |                       |                                    |                        |            |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.   |   |                       |                                    |                        |            |
| Name of Sole or First Inventor  A petition has been filed for this unsigned inventor  |   |                       |                                    |                        |            |
| Name James R. Durkee  |   |                       |                                    |                        |            |
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|   | mess (line b)   |                       |                                    |                        |            |
| Zip Code   80231  Additional Inventors are being named on the 1 seperately numbered sheets attached hereto  |   |                       |                                    |                        |            |

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|                  | DECLARATION                   | ADDITIONAL INVENTOR(S) Supplemental Sheet Page of |
|------------------|-------------------------------|---|
| Name of Addit    | ional Joint Inventor, if any: | tion has been filed for this unsigned inventor    |
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| I                | onal Joint Inventor, if any:  | on has been filed for this unsigned inventor      |
| Name             |                               |   |
| Signature        |                               | Date  |
| Citizenship      |                               |   |
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| Address (line 3) |                               |   |
| Address (line 4) |                               |   |
| Address (line 5) |                               |   |
| Zip Code         |                               |   |

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| DECLARATION  |                        | Registered Practitioner Information (Supplemental Sheet) |                        |
|--|------------------------|--|------------------------|
| Name   | Registration<br>Number | Name   | Registration<br>Number |
| MONKA, Gary H.   | 35290                  | NAVON, Jeffrey M   | 32711                  |
| RESTAINO, Thomas A.  | 33444                  | STEINMETZ, Alfred G.                                     | 22971                  |
| SZWERC, Christine  | 43177                  | ZIEROTH, Lee W.  | 28550                  |
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